New England Deaconess Hospital

pulse

185 Pilgrim Road, Boston, Massachusetts VOLUME 36 — NUMBER 4 AUTUMN, 1983

NEDH performs two successful liver transplants

On Thursday, July 14, NEDH surgeons successfully performed the first human liver transplant in the history of the Deaconess. A second successful procedure was performed on August 18. The accomplishment of these initial liver transplants was the result of months of planning and preparation by many members of the Deaconess community.

Background

The largest of the body's organs, the liver can be thought of as a refinery, processing the nutrients absorbed in the stomach and intestines. Carbohydrates are converted to glycogen for storage, protein is manufactured, fat is stored and released for use. The liver produces bile, essential for digestion; regulates the clotting of blood; neutralizes and removes toxic substances from the bloodstream; and helps the body resist infection.

Liver failure has a variety of causes — among them are birth defects and hereditary disorders, environmental toxins, diseases including cancer, and alcohol or drug abuse. Where the life of a patient with kidney failure can be prolonged by dialysis, there is no machine that can duplicate the complex functions of the human liver. Until recently, complete liver failure meant certain death.

The first experiments in human liver transplantation, in the early 1960's, were frustratingly difficult. Complications from organ rejection, to infections resulting from suppression of the body's immune system, to technical problems with the delicate surgery led to a one-year survival rate of only 30 percent. It was not until 1979 when the new anti-rejection drug Cyclosporin A began to be used experimentally that the survival rate for liver transplant patients improved dramatically.

Standard anti-rejection therapy, usually utilizing the drugs Prednisone and Immuran, suppresses the body's overall immune response, the system by which the body recognizes and destroys "foreign" material, whether an infectious bacteria or a transplanted organ. Cyclosporin, however, seems to inhibit only the particular mechanism that causes tissue rejection, leaving the rest of the immune system intact to fight infections. The use of Cyclosporin, along with improved surgical techniques, raised the one-year survival rate of patients at the University Health Center in Pittsburgh — the largest liver transplantation center in the world — to 70 percent in 1982. (See page 2 for a description of the transplant procedure.)

Surgeons at the Deaconess followed the development of liver transplantation with great interest; and with the recent considerable improvement in the success of the procedure, NEDH began to consider implementing its own liver transplant program. Last year, two committees comprised of administrators and members of the medical and nursing staffs undertook a study of the procedure and formulated

(continued on page 2)

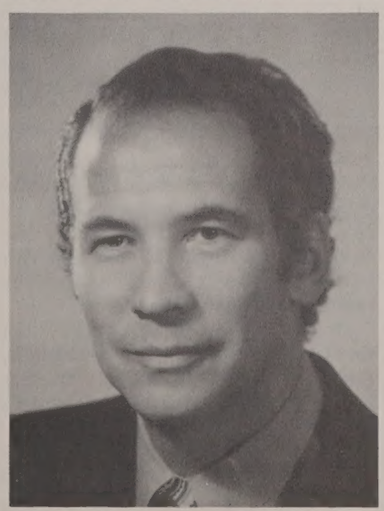
Betty Ferns, RN, wheels liver transplant recipient Richard Pillin into news conference.

Dr. Hellman appointed physician-in-chief at Memorial Sloan-Kettering

Dr. Samuel Hellman, formerly chairman of the Department of Radiation Therapy at New England Deaconess Hospital and director of the Joint Center for Radiation Therapy, became physician-in-chief at Memorial Hospital for Cancer & Allied Diseases, Memorial Sloan-Kettering Cancer Center in New York City on June 30, 1983. Dr. Hellman came to the Deaconess in 1968 when the JCRT was founded and had guided the Center's development since that time.

In the late 1960's radiation therapy was an emerging specialty. Four of the Longwood-area hospitals — Beth Israel, Peter Bent Brigham, Boston Hospital for Women and New England Deaconess Hospital — pooled their resources to form the Joint Center for Radiation Therapy. According to Dr. Hellman, "We wanted to provide the best radiation therapy care for all Longwood-area hospital patients, to provide better care than the individual hospitals could do on their own." Other goals of the center included conducting research in radiation oncology and training radiation therapists (physicians specializing in radiotherapy) and radiation therapy technicians.

Today the original members of the JCRT have been joined by Children's Hospital Medical Center and the Dana-Farber Cancer Institute. (Peter Bent Brigham and the Boston Hospital for Women are now part of the Brigham & Women's Hospital). The Faulkner Hospital in Jamaica Plain is also associated with the JCRT.



Samuel Hellman, MD

From an original staff of about ten, the center now has 130 full-time employees. Three thousand new patients are seen, and 42 to 45 thousand treatments given each year. Over 60 radiation therapists have been trained at JCRT, some of whom head major departments at teaching institutions such as Georgetown University, the University of Pennsylvania and Vanderbilt University.

JCRT research has led to such developments as a variety of treatment programs for Hodgkin's disease and the pioneering of lumpectomy/radiotherapy treatment for breast cancer, offering an alternative to radical mastectomy. Dynamic treatment — computer-controlled radiotherapy — which maximizes the dose to a tumor while minimizing the effect on healthy tissue, was developed at the JCRT in collaboration with the Massachusetts Institute of Technology; and the dynamic treatment unit at the Deaconess was the first in the country. In all of its programs, the Joint Center emphasizes a multidisciplinary approach to cancer therapy, finding the combination of radiotherapy, chemotherapy and surgery that will best treat the individual patient.

Dr. Hellman believes that the future will hold further advances for the Joint Center, exemplified by the unique intraoperative radiotherapy unit at the Deaconess. "One of our most difficult challenges," he noted, "will be maintaining our high quality of patient care in an environment of increasing regulatory restraints."

Although he looks forward to the challenges presented by his new position, Dr. Hellman admits to leaving JCRT and the Deaconess with mixed feelings. "I left a lot of good friends at New England Deaconess and the Joint Center," he said. "They will always hold an important part of me."

Liver transplants *(continued from page 1)*

a plan for the initiation of a Deaconess liver transplant program. At the same time, the department of surgery began preparing to meet the technical demands of liver transplantation.

To augment the Deaconess' existing expertise in renal transplantation and liver surgery, Dr. Roger Jenkins spent 5 months of intensive training with the Pittsburgh team, preparing to head the NEDH liver transplant unit. Other NEDH surgeons and nursing personnel visited Pittsburgh for shorter periods, gaining experience in all aspects of liver transplantation.

By the time the liver transplantation proposal was approved by the Board of Trustees in May (as reported in the Summer, 1983 issue of PULSE) the clinical preparations for the program were completed. However, state regulations did not allow the implementation of any regular liver transplant program in Massachusetts. The procedure could only be performed under a waiver from the Department of Public Health in cases when the patient's life was in immediate danger. (See accompanying story, page 3.)

NEDH patients require emergency transplants

Richard Pillin of Stoneham has been a patient of Dr. Charles Trey, head of the NEDH gastroenterology section, since 1971 when he was diagnosed as having primary biliary cirrhosis. A disease of unknown origin, primary biliary cirrhosis causes blockage of the bile ducts, resulting in retention of bile and other materials usually excreted from the liver and in damage and scarring of the liver tissue. Although patients can live for 15 to 20 years with the disease, in most cases it leads to eventual liver failure. Apart from some dietary modifications, there is no specific treatment for primary biliary cirrhosis and no cure apart from a liver transplant.

Last year Pillin's condition began to deteriorate. He was suffering from malnutrition — his liver could no longer process nutrients — loss of blood from a lack of clotting factor, and debilitating fatigue. He had been admitted to the Deaconess many times during the first half of the year, and on July 3 he entered the hospital in a coma. His liver could not handle the protein that he was being fed to combat his malnutrition, and dangerous levels of nitrogen had built up in his blood. It was clear to Dr. Trey and Dr. Jenkins, who had already met with Pillin, that his only chance was a liver transplant.

NEDH management and medical staff petitioned the State Department of Public Health for a waiver allowing them to perform the lifesaving surgery on Richard Pillin. State officials granted their approval almost immediately, leaving only the obstacle of financial coverage. At that time, Massachusetts Blue Cross/Blue Shield classified liver transplantation as experimental and would not cover the costs of surgery — costs which usually average between $70,000 and $100,000. The patient's brother, John Pillin, with the assistance of the NEDH social services department, petitioned the state welfare commissioner for Medicaid funds to help pay for the transplant.

Liver transplant recipient Edythe Trautz.

When the state agreed to provide support, NEDH was able to proceed with the first phase of the surgical procedure.

Just after 6 p.m. on Wednesday, July 13, Deaconess physicians contacted the New England Organ Bank and learned that a liver of the appropriate blood group and size would be available almost immediately from an accident victim who had died at Lawrence General Hospital. A harvesting team of NEDH surgeons rushed to Lawrence to procure the donor organ. Drs. Peter N. Benotti and Blake Cady were accompanied by Dr. Thomas E. Starzl, head of the Pittsburgh liver transplant program, who had come to Boston to offer his assistance to the NEDH surgical teams.

At the Lawrence General, the NEDH harvesting team, assisted by members of that hospital's medical and support staffs, maintained constant communication with the team at the Deaconess as they began the delicate procedure to remove the donor organ. As soon as the harvesting team confirmed that the donor liver was suitable, the team at NEDH — consisting of Dr. Jenkins, Drs. Albert Bothe, Anthony Monaco and Ira Fox, along with Dr. Byers Shaw from Pittsburgh — began to remove Richard Pillin's failed liver.

The harvesting team arrived at the Deaconess at 4 a.m. on Thursday with the donor organ in excellent condition, and the surgical procedure of transplant began immediately. By 8:30 a.m. the donor liver had been implanted, and the remaining phases of the surgery proceeded without complications. At 3 p.m. Dr. William V. McDermott, NEDH chairman of surgery — along with Drs. Jenkins and Monaco — met with local and national news media and announced that the hospital had successfully completed its first liver transplant.

During the following month Pillin made steady progress in recovering from the surgery and the general debilitation resulting from his long illness. He was discharged from the Deaconess on August 30, meeting with television, radio and newspaper reporters before he left the hospital.

During the period that Richard Pillin was recovering from his transplant, Edythe Trautz of Eastham, another long-term patient of Dr. Trey who also suffered from primary biliary cirrhosis, was admitted to the Deaconess on August 14. In addition to problems with bleeding and malnutrition, Trautz's disease had caused bone deterioration so severe that she had broken 30 ribs in the past year and a half. She had lost 5 inches in height because of collapsed vertebrae. Her condition was not as critical as Pillin's had been, but she was in danger of paralysis if further fractures damaged her spinal cord.

Edythe Trautz had been in the hospital earlier in the month, but had left (against the wishes of Drs. Trey and Jenkins) to work on securing financial backing for the operation she knew she needed. Just about this time, Massachusetts Blue Cross/Blue Shield announced its new transplant insurance program (see accompanying story, page 3), but the plan was not scheduled to go into effect until November 1, which could be too late for Trautz.

Blue Cross did agree to make Trautz's coverage retroactive if the Nauset Regional School District, her husband's employer, purchased the special coverage. When the school superintendent agreed to bring the question before the school committee as soon as possible, and with the possibility of Medicaid coverage as a backup, Trautz returned to the Deaconess.

Both Edythe Trautz and the Deaconess were ready for the transplant, but the need to wait for State approval before beginning led to a frustrating delay. Dr. Jenkins explained, "The organ bank had located a liver of the appropriate type in the local area on Tuesday (August 16), but because the waiver had not yet been granted we couldn't use it. The waiver came through on Wednesday, too late to use the local liver; and I ended up flying down to New York on Wednesday night to harvest a liver at Bronx Memorial Hospital. Of course, my having to travel out of state was an expense that would have been saved if we could have used the local liver."

The surgery on Trautz took place on August 18 with essentially the same teams that operated on Pillin (with the exception of the Pittsburgh surgeons) and "went off without a hitch" according to Dr. Jenkins. As of this PULSE issue's deadline, Edythe Trautz is still in the Deaconess, but her doctors are pleased with her progress and optimistic about her recovery.

Many contribute to successful transplants

One illustration of the complexity of liver transplantation is the numbers of people involved in the success of both Richard Pillin and Edythe Trautz. The members of the surgical teams, the surgical nurses and technicians were supported by the anaesthesia teams led by Drs. James S. Gessner and Istrati Kupeli. A special blood pump, designed by Dr. Kupeli, made possible rapid replacement of the massive blood loss common in liver transplant surgery.

The blood bank, working closely with the American Red Cross, supplied great amounts of blood and blood products for use both during and after the surgery. Pharmacists assisted with the acquisition of Cyclosporin, which at the time was still classified as an "experimental" drug, and obtained information on its dosage and ad-

A surgical marathon

The surgical demands of liver transplantation are greater than those of either kidney or heart transplantation. Each of the three phases of the procedure — removal of the donor organ, removal of the recipient's failed liver (hepatectomy), and transplantation of the donor liver — are lengthy and require meticulous work with little margin for error.

A surgical team removing a donor liver must first check that the organ has not been damaged in any way. In removing the liver, sufficient lengths of the bile duct and the four major blood vessels passing through the organ must be preserved for reattachment during transplant. The organ is cooled with a special solution and protected for transport to the site of transplantation — often hundreds of miles away.

The recipient hepatectomy is acknowledged to be the most difficult aspect of the transplantation procedure. Liver transplant patients are in a weakened condition to begin with, making careful monitoring essential. They may have had previous operations, which can complicate the transplant surgery. Before actually removing the liver, the surgeons must carefully clamp off thousands of "collateral" blood vessels that develop around the liver as a result of the disease. Blood loss from these vessels, aggravated by the patient's lack of normal blood clotting factor, can be serious. In some instances a bypass pump is required to maintain blood flow in the inferior vena cava — the vein carrying blood to the heart from the lower body — which passes through the liver and is disrupted during the hepatectomy. As in removal of the donor liver, the bile duct and major blood vessels must be preserved for reconnection.

The donor organ is implanted quickly in order to restore blood supply, which must be reconnected within ten hours of the organ's being removed from the donor. Careful suturing of the major blood vessels and the bile duct is required to prevent leaking. The new liver must begin working as soon as it is implanted — there is no backup system for a failed liver.

Because of the length of time — as long as 18 hours — and level of skill required for liver transplantation, most centers distribute the work load between two or three surgical teams. Even so, it is an exhausting procedure. Even at Pittsburgh, the largest liver transplantation center in the country, surgeons are unable to keep up with the demand for the lifesaving procedure. The training of more surgeons and establishment of more liver transplantation centers is the only answer.

Liver transplants *(continued)*

ministration as well as monitoring the complicated drug therapy needed before and after the transplants. Nutritional support to counteract long-term malnutrition and physical therapy helped both patients to regain their strength. Pathology, radiology and medicine all played important roles, and the outstanding nursing care provided both before and after the transplants — in the intensive care units, the recovery room and on Farr 7 and Farr 11 — was crucial in enabling both Richard Pillin and Edythe Trautz to make what Dr. Jenkins refers to as "remarkable" recoveries from both the surgery and their debilitating illness.

The future of liver transplantation

With the formation of the Boston Center for Liver Transplantation (see accompanying story), it is to be hoped that liver transplants will be able to be performed at the Deaconess and other Massachusetts hospitals in an organized, routine fashion. Dr. Trey stressed, "We're in the business of taking care of patients with liver disease, and we want to offer them all possible treatments. When the alternatives are a transplant or death, we want to give them a chance."

"Ideally what we should be doing," said Dr. Jenkins, "is transplanting these individuals *before* they get to an urgent or emergent stage. We know that urgent and emergent candidates have the worst survival — their hospital bills are higher. We know we can help them if we get to them early enough."

But the constraints of Chapter 372, the Massachusetts cost containment law, may present the greatest obstacles. According to associate director Peter Campisano, "If we have to do liver transplants within the current budget cap, we'll have to cut back on other services, which we don't consider to be a viable alternative. Even with the new Blue Cross program, liver transplants will represent a financial loss to the hospital unless we are granted an increase over our Maximum Allowable Cost.

"The hospital is committed to its patients," Campisano said. "But until this matter is resolved we're going to have to make some very difficult decisions."

Regulations, costs limit liver transplantation in Massachusetts

Richard Pillin and Edythe Trautz received successful liver transplant operations at New England Deaconess Hospital despite the fact that they were in the terminal stages of their diseases when the life-saving surgery was performed. Their doctors were not able to perform the procedure until the patients' situations could be considered an "emergency."

Although the Deaconess and other Massachusetts hospitals have been planning to implement liver transplantation programs for over a year, the State Department of Public Health (DPH) has not authorized any institution to perform the procedure on a regular basis. For *each* liver transplant, members of the hospital's medical and administrative staffs must apply to DPH for a waiver, which is only granted in emergency cases. But many Massachusetts residents in need of liver transplants do not want to wait until they are "emergent" before having the surgery that could cure them. So they go elsewhere, to Pittsburgh or Minneapolis, where liver transplants are routinely performed. Dr. William V. McDermott, Jr., NEDH chairman of surgery, remarked, "It's frustrating to watch Massachusetts residents flee the state for care, especially with Boston's being a major world medical center. We have the knowledge and expertise to cure them here."

Liver transplantation is the only hope for many patients with severe liver disease. Yet existing liver transplant centers — such as the University Health Center in Pittsburgh and the University of Minnesota — are inundated with requests. In Pittsburgh, for every patient who receives a transplant, two others die waiting for the surgery. The problem is not the availability of donor organs — last year Pittsburgh received 500 donated livers but could use only 83 — it is the limitations of the human and medical resources at these centers.

Physicians at four Boston hospitals — Children's Hospital, Massachusetts General Hospital, New England Medical Center and the Deaconess — announced their interest in performing liver transplants last winter. But before approving any particular program, then-Commissioner of Public Health Dr. Alfred Frechette appointed a task force to study the procedure and recommend what type of program should be established in the state. The task force report, presented to the DPH in May, advised initiating a controlled liver transplant program, possibly limited to only one adult and one pediatric center in the state. In August the Public Health Council approved guidelines to be used in evaluating particular liver transplant program applications.

In the meantime, physicians and administrators at the Deaconess and the three other hospitals were working together to formulate a plan that they believed would best serve the needs of New England liver transplant patients. They all agreed that no single institution would be able to handle the demands of a transplantation program serving the entire region. At a July 6 public hearing on the DPH preliminary recommendations, they first proposed a cooperative effort — allowing a sharing of resources and expertise; and on October 3, representatives of the Deaconess, Children's Hospital, Massachusetts General Hospital and the New England Medical Center announced the formation of the Boston Center for Liver Transplantation (BCLT).

The BCLT proposal, which has yet to be approved by the DPH, seeks to provide the best possible care for liver transplant patients, operate in a cost-effective manner, and contribute to scientific knowledge in organ transplantation. Although each hospital would retain responsibility for its own patients, the center would allow a sharing of facilities and resources and provide, when necessary, interhospital support for the surgical and anaesthesia teams. The center would work closely with the New England Organ Bank for donor and recipient identification, and multi-institutional teams would be available to procure the donor organs. The members of the center anticipate performing 30 to 35 adult and 10 to 15 pediatric transplants within the first year of operation.

NEDH President Laurens MacLure (left) and Dr. William V. McDermott, chairman of surgery, at news conference announcing the formation of the Boston Center for Liver Transplantation.

A decision on the BCLT is expected from the DPH by the end of the year. One of the major areas of concern will be the costs inherent in liver transplantation. As currently proposed, the center's operations would require no capital expenditures at any of the member hospitals, all of which have the facilities and personnel to perform the *limited* number of procedures currently projected. But the costs of the surgery itself — including physician fees, an extended hospital stay and costly immunosuppressive drugs — are considerable. Chapter 372, the Massachusetts hospital cost-containment law, does not allow hospitals to increase their budgets to allow for new programs such as liver transplantations. Rather than risk having to cut back other services in order to implement the program, the BCLT application requests that the costs involved in operating the center be added to the hospitals' Maximum Allowable Cost under Chapter 372.

The entire issue of the cost of liver transplantation has been a source of controversy. Some people question whether limited health care resources should be devoted to expensive procedures that benefit relatively few individuals. But, as Dr. McDermott noted, "With the repeated hospital admissions characteristic of end-stage liver disease, it can cost as much to care for these people, carrying them through to death, as it would to give them a transplant and return them to a productive life." It is also anticipated that, as more transplant centers are established and the procedure is done more frequently, the costs will diminish.

In any case, few liver transplant patients could afford to pay for the operation themselves — most rely on third-party payers for coverage. Although some private health insurance companies now regularly pay for liver transplantation, patterns of support from Blue Cross/Blue Shield organizations across the country have been inconsistent. Until recently, Massachusetts Blue Cross/Blue Shield would not cover heart, heart-lung, or liver transplants, classifying such surgery as "experimental," despite the fact the Blue Cross agencies in New York and Pennsylvania regarded it as a regular service. Because of Massachusetts Blue Cross's refusal of coverage, both Richard Pillin's liver transplant and the heart transplant for John Faragi (performed at Stanford University in California) were covered by State Medicaid funds.

However, on August 12, Massachusetts Blue Cross/Blue Shield announced a new "transplant insurance plan" covering heart, heart-lung and liver transplants. The program will enable Blue Cross subscribers to purchase optional transplant coverage at an additional cost over their basic medical insurance. The plan is designed to spread the risk of the high-cost surgery over a large population, making the cost to the individual more affordable. If, as Blue Cross hopes, 70 percent of their members purchase the new coverage, a $7 million annual fund would be created.

The final decision on a Massachusetts liver transplant program is still forthcoming and questions still exist regarding funding and related issues. However, it does appear that the regulatory and insurance aspects of the procedure are beginning to catch up with the medical developments, offering increased hope for those whose lives will depend on their receiving liver transplants.

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PULSE is published by the Public Relations Department, New England Deaconess Hospital, 185 Pilgrim Road, Boston, Massachusetts 02215, telephone (617) 732-8046. Third class postage paid in Holliston, Massachusetts. Permit (non-profit organization) No. 18.

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Father-daughter kidney transplant sparks media interest

Media interest in organ transplantation has always been strong, and publicity for transplants and transplant patients can play an important role in heightening public awareness of the need for organ donations. But what is it like to be the subject of media attention when all you're really concerned with is recovering from an illness?

Nineteen-year-old Claudette (Cookie) Hebert of Woonsocket, R.I., and her family didn't expect to be pursued by newspaper and television reporters when they decided to seek a kidney transplant that would free Cookie from dialysis and enable her to live a more normal life. Cookie had suffered from nephritis for over five years, and when her kidneys began to fail last summer, her physician, Dr. Boyd King of Providence, suggested a transplant as an alternative to the thrice-weekly dialysis treatments needed to keep Cookie alive.

Immediately, Cookie's 59-year-old father Ernest volunteered to donate one of his kidneys to his daughter. "I felt it was my responsibility," he said. Despite his age and his suffering from Parkinson's disease, Ernest insisted on being considered as a donor. He knew that a living-related donor would substantially increase Cookie's chances for a successful transplant, and unless it was determined that he was not medically fit to donate, he wouldn't take no for an answer.

Blood and tissue typing tests done at the Deaconess indicated that Ernest would be the best donor in the family, and extensive examinations revealed that, aside from the Parkinson's disease, he was in excellent health. In addition, Cookie received transfusions of her father's blood and was tested to see whether her body produced antibodies to his tissue. No antibodies were found, indicating an over 90 percent chance of a successful transplant.

Cookie and her father began to prepare to travel to Boston for surgery at the Deaconess. What they could not prepare for, however, was that Cookie's transplant was about to become "a media event."

"We really didn't want to make a big deal out of it, " explained Cookie. But since many people in their town knew the Heberts and were interested in Cookie's story, they agreed to an interview with a family friend who was a reporter for the *Woonsocket Call.*

The article, which Cookie says was "not a medical story, but a love story," appeared on the front page of the *Call,* was picked up by the wire services, and also ran in a number of other New England papers. When a couple of Providence television stations called, "we decided we'd give them interviews and that would be it," she said. "It worked out fine for a couple of weeks, but right before we came up to Boston, everyone started to bombard us.

"They were calling us at home," Cookie continued. "Channel 4, Channel 5, the *Boston Herald* . . . they all wanted to come down and interview us. I'd never expected anything like it!"

When Cookie and her father arrived at the Deaconess, they discovered reporters and television cameras waiting for them outside the hospital. "We were walking up the street," she said, "trying to be as subtle as possible. They didn't realize who we were until we were almost to the door and a reporter from Providence recognized us. We almost pulled it off!" she laughed.

Even after the Heberts had been admitted to the hospital, one newspaper reporter called, posing as a member of the family, and got through to Cookie's room. "That was very disturbing to me," said Cookie. "He wanted my mother to call him right after the surgery. I told him, 'my mother will have plenty of people to contact, and the newspapers will have to wait!' "

After the incident, the Hebert's calls were carefully screened by hospital operators, and all but those of the immediate family were referred to the public relations office. Reporters did meet with Dr. Anthony Monaco, head of organ transplantation at the Deaconess, both before and after the successful surgery. But it was not until the day that Cookie was discharged from the hospital that media representatives were able to talk with the Heberts.

Cookie and her father agreed to a news conference because, "we wanted to publicly thank everyone at the Deaconess for everything they've done for us," said Cookie. "You can't get better care anywhere!"

"Our nurses on Palmer 2 were the most wonderful people in the world," Ernest added. "And I wanted to show people that donating a kidney is nothing to be afraid of. I had no hesitation, and if I had to do it again, I'd do it right away! It's one of my greatest accomplishments, like giving her life a second time."

Both Heberts agreed that by giving the media one last "crack at them" they hoped to avoid any more pursuit after they returned home. When asked at the conference how she felt about all the attention, Cookie replied, "Well I hope it's going to end here."

Cookie Hebert and her father, Ernest, who donated one of his kidneys to her, leave the Deaconess.

As to how she feels now, Cookie said, "I haven't felt this good in years. Now I can make plans, set myself career goals, before I couldn't even plan for the next weekend. I feel like I'm just starting out in the world again."

Collaborative program brings cancer research to communities

An association of nine Massachusetts and New Hampshire health care institutions, including New England Deaconess Hospital, has been selected to participate in the Community Clinical Oncology Program (CCOP) of the National Cancer Institute (NCI). A three-year project, CCOP is designed to allow community physicians to participate in cancer research by means of clinical trials.

According to Dr. Jacob Lokich, NEDH section chief of medical oncology and principal investigator for the New England Collaborative CCOP, one of the goals of the program is "to provide at a community level some of the more sophisticated programs — new drugs or treatment plans — that have been developed at major research centers. It also allows patients to receive such treatments within their home communities."

Working in conjunction with two national research centers — the Mid-Atlantic Oncology Program and the Gastrointestinal Tumor Study Group — the collaborative will identify patients to be entered into one of twenty-five treatment protocols. (Protocols consist of precise guidelines regarding the diagnosis, staging, treatment and follow-up for particular diseases.) The New England Collaborative CCOP will identify at least 50 and as many as 150 patients to participate in the trials.

"Patients will be selected for participation by their personal physician on the basis of their suitability for a particular protocol," Dr. Lokich explained. "A data manager based here at the Deaconess will travel to the community hospitals, meet with local physicians, and enter appropriate patients into the study. The community physicians continue to oversee the day-to-day care of the patients and make detailed reports on the course of treatment and the patients' progress to the data manager."

By setting up a formal network between the community physicians and hospitals, the national research centers, and the NCI, the Community Clinical Oncology Program seeks to improve cancer care in the local communities, making the latest advances in treatment available much earlier than they would be otherwise. (The Deaconess had already maintained informal relationships with oncologists at the other hospitals in the New England Collaborative CCOP.) On a national level, the information gathered by the 58 CCOPs across the country will allow the NCI to evaluate the effectiveness of the various protocols sooner.

The Deaconess will serve as the administrative center for the New England Collaborative CCOP. The other member hospitals are Choate Memorial Hospital, Arlington, Mass.; Elliott Hospital, Manchester, N.H.; Exeter Hospital, Exeter, N.H.; Frisbie Hospital, Rochester, N.H.; Portsmouth Hospital, Portsmouth, N.H.; St. Luke's Hospital, New Bedford, Mass.; Symmes Hospital, Arlington, Mass.; and Wentworth-Douglass Hospital, Dover, N.H.

Other health care organizations may join the New England Collaborative CCOP in the future. The program is scheduled to run for three years and may be extended.

This year's graduates of the Joint Center for Radiation Therapy's radiation therapy technician training program are (standing, left to right) Lyndi Szafranski, Barbara DeGaspe, (education coordinator Pat Webster), Jennifer Lyon, (seated) Donna Michaud. The one- or two-year program prepares the students to take the standard registry exam for licensed radiation therapy technicians.

Department of Energy visitors impressed by conservation efforts

Two U.S. Department of Energy representatives visited the Deaconess on May 27 to examine several of the hospital's federally funded energy conservation measures. After viewing a specially-prepared slide show illustrating NEDH's various conservation projects, Frank Stewart, national director of the Institutions Conservation Program in Washington, D.C. and Kevin Meehan, regional DOE representative, toured the solar-assisted heat recovery system in the Farr building; the Meissner heat recovery system; and the silicon-insulated roofs of Meissner and Palmer.

Dino Fantegrossi, NEDH mechanical supervisor, explained, "They had heard so many good things about the Deaconess that they had to come and see for themselves if it was all true. After their visit, they believed it."

Between 1973 and 1981 — a period when Meissner, Kennedy Hall, the CRI addition and the computer center were built — NEDH *cut* its total energy consumption by 15 percent. A computerized energy management network, preprogrammed to adjust temperature and electrical loads throughout the hospital complex; a heat recovery system; careful monitoring procedures and numerous other energy-saving practices (such as lighting level reductions and lowered temperature settings in non-patient areas) aided the Deaconess in avoiding more than $4 million in energy expenditures.

In 1979-1980, NEDH received two federal grants from the Department of Energy for conservation projects. The first grant was used to purchase new windows and roof insulation for the Meissner and Palmer buildings and to place heat recovery and variable air volume systems in Meissner. The second grant helped to pay for the impressive solar-assisted heat recovery system in the Farr building. The system

Dennis Trayers (left), assistant maintenance manager, and Hubert Sycamore (right), NEDH assistant director, examine the Farr heat recovery system with Frank Stewart, national director of the Institutions Conservation Program of the U.S. Department of Energy.

recaptures wasted heat exhausted from the building, transfers the heat into a liquid glycol medium and then transports it to Farr's air intake areas where it preheats the cold outdoor air being delivered inside. Solar collection panels on the roof add more heat to the liquid.

Mr. Stewart and Mr. Meehan—accompanied by Hubert Sycamore, assistant director of the hospital; Neil Keating, head of maintenance; Dino Fantegrossi, mechanical supervisor; and Dennis Trayers, assistant manager of maintenance—toured the facilities for approximately 3 hours. Commented Stewart, "There is much better data here than I have seen elsewhere. I'm very impressed."

1983 graduates of the NEDH Clinical Dietetic Internship Program (left to right): Holly Flickenger-Weiss, Diane Demidovich, Joan Salge, Bonnie Dee Young, Jeanine Sherry, Karen Schaaf (not pictured, Laurie Levitsky). The 10-month internship, one of only twelve such programs in the country, is offered in conjunction with a master of science degree from Boston University's Sargent College of Allied Health Professions.

Blood Bank honors gallon donors

For Beatrice Trachtenberg, donating blood is one of the highest forms of charity. She explained, "In Jewish folklore, there are three kinds of charity: giving reluctantly; giving publicly; and giving cheerfully and anonymously. This last is the highest form of giving."

Mrs. Trachtenberg, a frequent blood donor and former Deaconess surgical patient, was one of several speakers at the NEDH Blood Bank's 9th Annual Gallon Donor party on May 26. New one-gallon donor Peter Campisano, associate director of the hospital, thanked donors for their contributions to the Blood Bank and spoke of the significance of donations in keeping hospital costs down.

New England Deaconess Hospital uses 41 pints of blood daily, 15,000 pints per year. Reminding donors how much fresh blood NEDH needs every day to maintain its operating schedule—especially for cardiac, leukemia, and lymphoma patients

Among those honored at the NEDH Blood Bank Gallon Donor Party were (left to right) the Reverend Raymond Anderson, pastoral care (four gallons); Andrea Trachtenberg, blood donor recruiter; John Cormack, surgical services (seven and eight gallons); and Richard Bellofatto, community blood donor (seven gallons).

—Dr. Merle Legg, chairman of the Department of Pathology and a new two-gallon donor, said, "You really are giving the gift of life."

Over the past year, there were 72 new one-gallon, 23 two-gallon, 10 three-gallon, 5 four-gallon, 2 seven-gallon, and 1 eight-gallon blood donors. Chief of Clinical Pathology Dr. Charles Arkin, a member of the Community Blood Donor Program, acknowledged the donors' many contributions in helping to alleviate the worldwide shortage of blood and blood components.

Each of the new gallon donors received an award certificate recognizing his or her achievements in the blood donor program. Blood bank technologists also presented donor recruiter Andrea Trachtenberg with her own certificate, praising her for a job well done.

Blood Bank donations as of July, 1983 showed an increase over 1982 donations. "But we need blood donors now more than ever," Trachtenberg stressed, "not only to fulfill constant patient needs, but also because of Chapter 372, the new Massachusetts hospital cost containment law. We pay the Red Cross a processing fee for any blood we use, so naturally the more blood donors we have at the Deaconess, the less money we have to spend."

NCI grant sponsors new program to study nutrition, cancer relationship

The NEDH Cancer Research Institute has received a major Research Service Award from the National Cancer Institute for a training program in nutrition/oncology. Up to five postdoctoral fellowships will be awarded each year to recipients who will study clinical nutrition and conduct basic research in the relationship between nutrition and cancer. During their 2-year training period, the fellows will take part in clinical rotations in surgical and medical oncology, radiation and pathology, as well as a formal nutrition education program at the Massachusetts Institute of Technology's Department of Nutrition and Food Science. The Brigham and Women's Hospital and the Dana-Farber Cancer Institute will also participate in the program.

"In recent years there have been deficiencies in oncology training in such areas as nutrition, surgical oncology and epidemiology, areas that are particularly strong at Deaconess," said Dr. George Blackburn, chief of the nutrition/metabolism laboratory at the Cancer Research Institute and director of the nutrition/oncology program. "At the same time, the scientific credibility of the relationship between diet and cancer has reached a critical mass in the medical community. To counter the claims of charlatans such as the laetrile advocates, we are seeking to establish a scientific base for the study of nutrition's role in the development and treatment of cancer."

Fellows will be responsible for nutritional assessment, diagnosis and support of cancer patients. Dr. Blackburn noted that the program "will build upon and nurture strengths we already have. Our staff dieticians and the members of our hyperalimentation service have been specially trained in the assessment and treatment of cancer patients. This program will enhance the comprehensive cancer care we now offer, and both our inpatient and outpatient nutrition services will deal with both cancer prevention and the treatment of cancer patients."

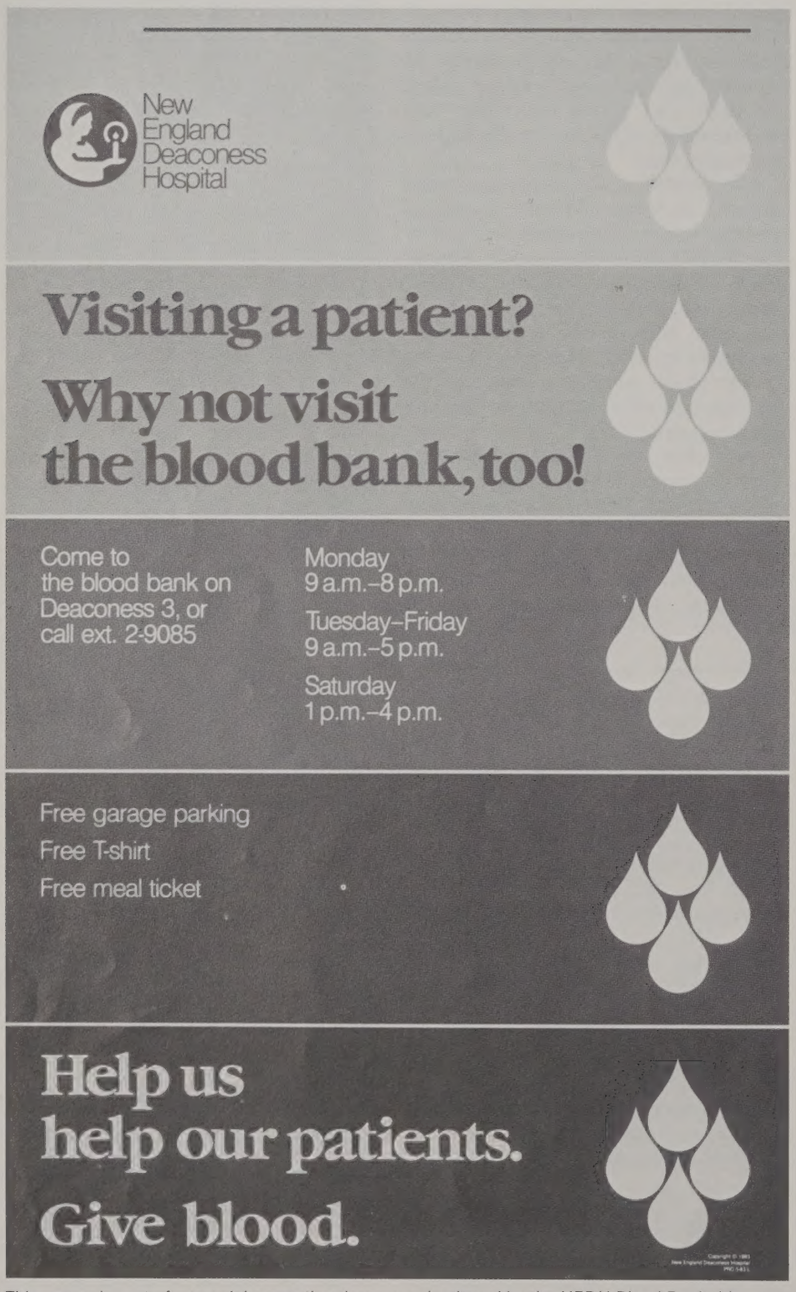
The five nutrition/oncology fellows named for 1983 are Lawrence Goldkind, M.D.; S. Lynnette Hughes, M.D.; Samuel Klein, M.D.; Frederick Schnure, M.D.; and Jonathan Worth, M.D.

News in Brief

On September 27 **Ellen D. Howland, RN,** associate director and director of nursing, received the 1983 Mary B. Conceison Award from the Massachusetts/Rhode Island League for Nursing. The award is presented annually to a professional nurse in recognition of contributions to nursing practice, nursing education or the allied health professions.

Dr. Robert C. Moellering, chairman of the Department of Medicine, was co-chairman of a meeting on Ceftriaxone, a new antibiotic being developed for clinical use. The meeting, held in Montreux, Switzerland, on August 25 and 26, was attended by 300 medical researchers from around the world. Dr. Moellering also chaired a symposium on staphylococcal infections at the International Congress of Chemotherapy in Vienna on August 30. **Drs. George Eliopoulos** and **Jacob Lokich** also presented papers at the ICC in Vienna.

Director of Research of the NEDH Nutrition/Metabolism Lab **Dr. Vigen K. Babayan** was named a Fellow of the Institute of Food Technology (IFT) at its annual meeting in New Orleans, June 18–22. Each year, this honor is conferred upon a limited number of Professional Members who have belonged to the IFT for 10 years or more and who have made outstanding contributions to the field of food science and technology.


New England Deaconess Hospital
Visiting a patient?
Why not visit the blood bank, too!
Come to the blood bank on Deaconess 3, or call ext. 2-9085
Monday 9 a.m.–8 p.m.
Tuesday–Friday 9 a.m.–5 p.m.
Saturday 1 p.m.–4 p.m.
Free garage parking
Free T-shirt
Free meal ticket
Help us help our patients. Give blood.

This poster is part of a special promotional program instituted by the NEDH Blood Bank this summer. The program — which includes informational brochures, identification cards, thank-you cards and tent cards for patient rooms — is designed to promote participation in the community and replacement blood donor programs.

One of five American Association of Blood Banking (AABB) Scholarship Awards, sponsored by Fenwal Laboratories, will be awarded to **Maria Mach,** a 1982 graduate of the NEDH Training Center for Specialists in Blood Banking, at the AABB annual convention in New York City this November. She was chosen as the result of a paper which she wrote while a Deaconess student, "Quantitation of mononuclear cells in patients with red cell autoantibody using cell surface markers." Maria Mach is the second NEDH student to win this award in the eleven-year history of the school.

Three Deaconess surgeons—**Drs. Anthony P. Monaco,** scientific director of the CRI and director of the division of organ transplantation; **Peter Madras,** co-director of the vascular lab; and **Takashi Maki,** associate member of the CRI—participated in the 9th annual scientific meeting of the American Society of Transplant Surgeons in Chicago, June 2–3. Drs. Madras and Monaco spoke on "Urinary epithelial cell immunofluorescence in the diagnosis of transplant rejection" and Drs. Maki and Monaco lectured on "Hybridoma-derived alloantigen reactive suppressor molecules."

Dr. F. Henry Ellis, Jr., chairman of the residency review committee for thoracic surgery at NEDH and a member of the advisory council for cardiothoracic surgery of the American College of Surgeons, was the distinguished guest of the Ecuadorian Surgical Society in Quito, Ecuador in early June. He gave four lectures on esophageal surgery. Dr. Ellis also participated in the annual course on gastrointestinal surgery at the University of Minnesota, June 15–16, where he presented the following papers: "Cervical esophageal dysphagia: indications for and results of cricopharnygeal myotomy" and "Esophageal achalasia: is simple esophagomyotomy the treatment of choice?"

On May 4, the Department of Dietetics sponsored a seminar, "Careers for Diet Technicians," held at Kennedy Hall. This event—the first designed for diet technicians—was well attended by technicians and supervisors from the greater Boston and western Massachusetts areas. NEDH staff members **Chris Joyce, Linda Reid** and **Barbara Ainsley** were among the featured speakers.

"Home Parenteral Nutrition" and "Total Parenteral Nutrition Solution Compatibilities" were the titles of two posters presented to the New England Council of Hospital Pharmacists at their 30th Annual Seminar in Hyannis, Mass., on May 24 by **Richard Baptista, MS, RPh,** clinical hyperalimentation pharmacist, and **Asta M. Grakauskas, Pharmacy D., RPh,** American Society of Hospital Pharmacists fellow in nutrition.

Susan Levine, MS, RD, renal dietician, was elected to a two-year term as a categorical delegate to the End Stage Renal Disease Network #28 Coordinating Council.

Lynne Ometer, RD, assistant director of dietetics for patient nutritional care, gave a talk on "Standards of practice: the American scene" to the Ontario Dietetic Association's quality assurance committee on May 11 and was recently appointed to the newly-formed ethics committee of the commission on dietetic registration of the American Dietetic Association. This committee will study the development of a disciplinary and revocation procedure to deal with ethical misconduct and incompetence in patient care by dietetic practitioners.

The American Institute for Cancer Research chose **Dr. Jacob J. Lokich,** section chief of medical oncology, and **Dr. Bruce R. Bistrian,** co-director of nutrition support services, as recipients of research grants. Dr. Lokich will study the metabolism of fats in cancer patients in attempts to understand how metabolic changes affecting weight loss take place and to develop ways of preventing weight loss. Dr. Bistrian will examine how the administration of branched chain amino acids may help in reducing malnutrition, considered to be one of the primary factors in many cancer patient deaths.

Dr. Carl S. Hoar, Jr., president of the NEDH medical staff, spoke on carotid artery surgery to the medical staff of the Burbank Hospital in Fitchburg, Mass., on May 19. On May 21, **Dr. Ernest Mathews,** neurosurgeon, gave a lecture on neurosurgery to the surgical staff of St. Luke's Hospital, New Bedford, Mass.

Suzanne Piening, social work supervisor in the Department of Social Service, presented a paper concerning "Problems with the Diabetic Renal Patient" at the National Kidney Foundation's Kidney Disease Symposium in Detroit, June 10.

The New England Ultrasonic Doppler Conference, held May 25–28 at the Center for Continuing Education of the University of New Hampshire in Durham, was organized by **Dr. Robert S. Lees,** director of medical research. Dr. Lees participated in the informal conference lecturing on "Competing Technology in Ultrasound."

Gladys R. Healy, head of telecommunications, was a member of the faculty of the New England Hospital Telecommunications Association's annual seminar in Providence, RI May 17–20. Her lecture topic was "Implementation and Development of a Physician's Answering Service."

"A survey: the curriculum, content and educational needs in infection control of New England nursing schools and recent nurse graduates" was the title of a paper presented to the biennial convention of the National League for Nursing in Philadelphia, Pa., June 3. The paper was co-authored by **Julie White, RN, MPH,** nurse

(continued on page 7)

Class of 1983 graduates from NEDH School of Nursing

The 85th graduating class of the New England Deaconess Hospital School of Nursing celebrated its pinning and commencement exercises on June 9. The baccalaureate and pinning ceremony was held at 2:00 p.m. in the Daniel Marsh Chapel at Boston University and graduation exercises took place later that evening at Temple Israel in Boston. Chaplain Guy Steele read the invocation and NEDH surgeon Dr. David R. Campbell extended greetings to members of the class, their families and friends.

In her address to the graduates, guest speaker Ellen Leary, RN, cardiac clinical nurse specialist at the Deaconess, stressed the need for individual commitment and action on the part of all nurses in changing the public's perception of nursing as "nice but not very important." She reminded the nurses that if they wanted to be viewed as bright, competent professionals, they would have to overcome their sometimes low self-esteem and fear of being held responsible. She advocated membership in the American Nurse's Association (ANA) as it is the "voice of nursing," especially in the present time of cost-containment lobbying and legislation. Leary concluded, "I want to congratulate you and welcome you to the fold. Help each other, respect each other, and be actively involved."

In the message from the class of 1983, Patti Onorato thanked family and friends for their constant understanding and encouragement, reminiscing with classmates about the past three years of friendship, learning and struggle. Their future struggle, she noted, lay in entering a profession fraught wih internal strife and external criticism. Onorato remarked, "We alone will have to earn the respect and position within the health care field we desire . . . an important step is for nurses to begin to work together. . . . It is that cohesive element and solidarity of purpose that will unite nursing into a true profession."

Ellen Leary, RN, delivers her address to the graduating class.

Dr. Marvin Schorr, chairman of the Board of Trustees, and Ellen D. Howland, RN, director of the School of Nursing, distributed diplomas to the 48 graduates. The Alumnae Association scholarship—awarded to Jean Palmer, this year's high honor graduate, for the pursuit of further education in nursing—was presented by association president Susan Koegler. Mary Eliza MacDaniel, president of the Friends of the Deaconess, offered a check for the school's scholarship fund to Miss Howland.

The Glee Club of the School of Nursing, under the direction of John J. Markarian, Jr., entertained with Richard Rodgers' "Climb Ev'ry Mountain" and Ringwald's "O Brother Man." A reception for graduates and their guests in Rabb-Cahners Social Hall followed the ceremony.

Kimberly Tirrell receives her pin from NEDH Associate Director and Director of the School of Nursing Ellen D. Howland at the baccalaureate and pinning ceremony.

Susan Whitaker receives her diploma from Marvin G. Schorr, chairman of the NEDH Board of Trustees.

The New England Deaconess Hospital School of Nursing Class of 1983.

Twelfth Cancer Course addresses "Diet, Nutrition and Cancer"

Over fifty physicians and nutritionists participated in the 12th Annual Cancer Course co-sponsored by the NEDH Cancer Committee and the Department of Continuing Education of Harvard Medical School in June. Addressing the subject "Diet, Nutrition, and Cancer: Etiologic and Treatment Issues," the program was directed by Dr. George Blackburn and Dr. Jacob Lokich of the Deaconess and Dr. Brian MacMahon of Harvard School of Public Health. Guest faculty members from such institutions as the National Cancer Institute, Memorial Sloan-Kettering Cancer Center, the American Health Foundation and the Massachusetts Institute of Technology joined Deaconess/Harvard physicians in presenting the three-day program.

The course addressed two areas of primary concern — the role of diet in both causing and preventing cancer and the use of nutrition in the treatment of cancer patients. According to Dr. Lokich, "There is tremendous interest today in what causes cancer, in the possibility that our own environment somehow contributes to, or at least sets the stage for, the development of cancer."

Current evidence indicates, Dr. Blackburn explained, "that diet does influence the risk of cancer. The combination of all dietary risk factors probably equals the risk of smoking."

Primary risk factors, the participants learned, include too much fat in the diet and too little fiber. Americans consume over twice as much fat as they should and only about one-third the fiber. There are also indications that nutrients such as vitamins A, C, and E and trace elements such as selenium may play a role in preventing cancer, although studies in these areas are still inconclusive.

In the treatment of cancer patients, "nutritional support can not only help patients better tolerate their particular therapy but can also alleviate the major disruption in lifestyle resulting from that therapy," said Dr. Lokich. "Our patients are concerned that cancer treatment not only maintains their lives but also allows them a comfortable quality of life."

Dr. Blackburn noted that it is crucial to be sensitive to the loss of appetite and resultant weight loss of many cancer patients. "Some patients may lose up to 50 percent of body weight," he said. "During a three- to five-year fight against cancer, half of the patients will need some sort of nutritional intervention, ranging from counseling to total parenteral (intravenous) nutrition."

The NEDH/Harvard Cancer Course is the longest running annual update on cancer care in New England.

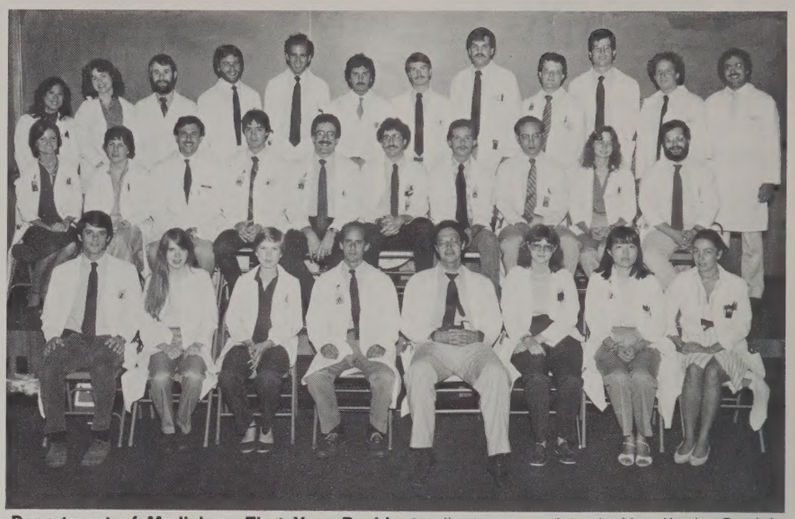
News in Brief *(continued from page 6)*

epidemiologist, and three other members of the education committee of the New England Chapter of the Association of Practitioners in Infection Control.

Drs. Donald G. Miller, Bruce Bistrian and **John A. D'Elia,** and renal dietician **Susan Levine,** co-authored the article "Diagnosis of Protein Calorie Malnutrition in Diabetic Patients on Hemodialysis and Peritoneal Dialysis" which was published in the March, 1983 issue of *Nephron.*

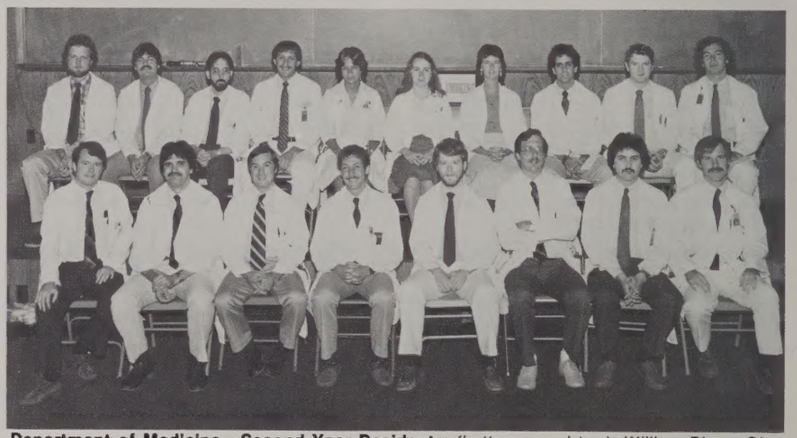
Deaconess residents and fellows for 1983–84

Diagnostic Radiology Residents & Fellows: *(sitting, l to r): Roger Pezzuti, Susanna Lee, Clement Grassi, Edna Stratemeier, Peter Krauth. (standing, l to r): Mark McAllister, David Mikulis, Anthony DeRaimo, John Wilinsky, Joyce Oster, Jean-Luc Dutreix, Kenneth Stokes.*



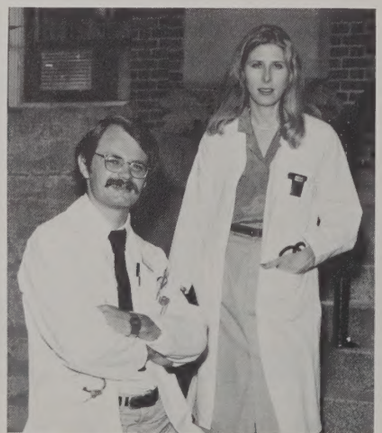
Department of Medicine—First Year Residents: *(bottom row, l to r): Alan Kopin, Patricia Pellikka, Patricia Daly, Thomas Kalb, Gregory Longmore, Elizabeth Coolidge-Stolz, Pearl Gong, Ghada El-Hajj. (center row, l to r): Virginia Gronke, Janice Murphy, Barry Feldman, Thomas Bartzokis, Leonard Zon, Christopher Clyne, David Brizel, Steven Balk, Anne Buchinski, John Lawson. (top row, l to r): Joyce Jen, Norma Sandrock, Lawrence Nicols, Douglas Seidner, William Kadish, Harry Anastopoulos, Richard Sprague, Anthony McCann, Martin Arron, James Wilkens, Lawrence Friedman, Richard Brody.*

General Surgery Residents: *(first row, l to r): Joan Rose (3rd year), Ira Fox (5th year), Martin Milgrom (5th year), Richard Rohrer (4th year). (back row, l to r): Peter Burke (1st year), Peter Cordeiro (1st year), Doug Hendren (2nd year), Alexis Shelokov (2nd year), L. Candace Jennings (1st year), Darrow Haagensen (2nd year), Jim Hamilton (3rd year), Dave Lewis (1st year).*



Department of Medicine—Second Year Residents: *(bottom row, l to r): William Biggs, Glen Kowalchuk, Thomas Russo, David Malins, Steven Lane, David Stone, Gregory Rihacek, Kevin Kett. (top row, l to r): Brian Wispelwey, Garry Oppenheim, Dominic Nompleggi, Edward Thomas, Susan Kroop, Mary O'Donoghue, Margaret Coyle, Jack Ohringer, George Clairmont, Edward Federman.*

Hyperalimentation Fellows: *(l to r): John Tayek, Sandie Thomson, Dermot Hehir.*

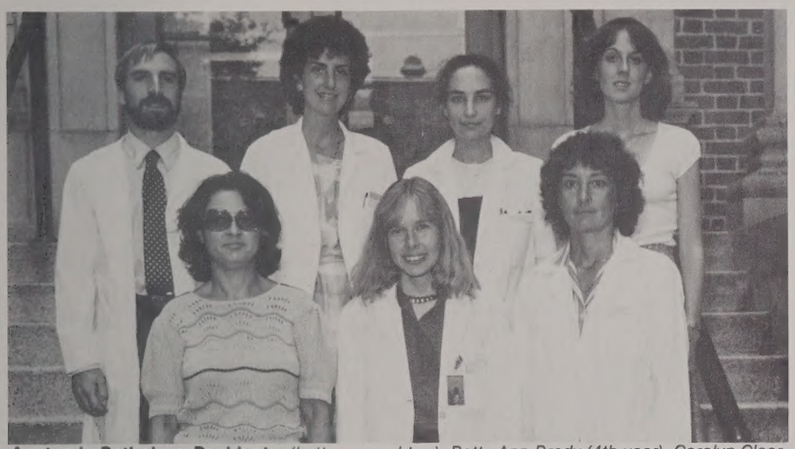


Pulmonary Disease Fellows: *(l to r): William Jensen, Lynn Hughes.*

Department of Medicine—Third Year Residents: *(bottom row, l to r): Christine Emery, Donald Emery, John Pippin (chief resident), Dean Markham, (chief resident), Gary Weeks, Christine Winger. (center row, l to r): Bruce Becker, Harlan Gibbs, Joseph Rothchild, Malcolm Rosenson, Frank Anderson, Virginia Latham, Margaret Helming, Jon Cronin. (top row, l to r): Peter Spitzer, Stuart Zarich, Mary Albrecht, Barry Rinker, Bryan Prentice, Craig Berry, Joel Epstein, Laurie Hammer.*

Thoracic & Cardiovascular Surgery Residents: *(sitting l to r): Bruce Abrahamson, Joseph Schwartz, Kenneth Cohn. (standing, l to r): David Levitan, William Parks, Michael Graves.*

Radiation Therapy Residents: *(sitting, l to r): Thomas Goffman, Katherine Griem, Bruce Minsky. (standing, l to r): Jay Loeffler, Kenneth Leopold.*



Anatomic Pathology Residents: *(bottom row, l to r): Betty Ann Brody (4th year), Carolyn Claar (2nd year), Elizabeth Robbins (5th year). (top row, l to r): Mark Sherman (1st year), Carolyn Mies (4th year), Diane Schecter (6th year), Barbara Wolf (4th year).*

Joslin Diabetes Fellows: *(sitting, l to r): Patricia Carrol, Ruby Go, Renate Kimmerle, Nicholas Mezitis. (standing, l to r): Bernard Eichold, Robert Rood.*

Clinical Pathology Residents: *(bottom row, l to r): Jean Dunn (5th year), Zsolt B. Argenyi (4th year), Lillian W. Gaber (4th year). (top row, l to r): Robert Salomon (5th year), Steven Tahan (4th year), Jeff Medeiros (4th year).*

Cardiology Fellows: *(sitting l to r): Aldo Esposito (4th year), Eric Eichhorn (4th year), Henry Lyle (4th year). (standing, l to r): Kenneth Adams (5th year), Nissim Abecasis (5th year).*

Infectious Disease Fellows: *(sitting, l to r): Susan Davidson (1st year), Jennifer Daly (2nd year), Claudie Thauvin (2nd year). (standing, l to r): Francois Lebel (1st year), J. Davis Allen (1st year).*

Podiatry Residents: *(l to r): Daniel Riley (2nd year), John Giurini (1st year).*

Best wishes . . .

. . . to recently retired NEDH employees.

Janie Chapman, RN, assistant director of the School of Nursing, retired September 13, after 35 years of service. "I've watched this school grow, and I feel like I've grown with it," she said. Janie graduated from the school in 1942, served in the Army Nurse Corps, and returned to NEDH to work "temporarily."

At a retirement party on August 26, Mario Leyva was honored by his friends in the Building Services Department. Retiring after 14 years at the Deaconess, Mario plans to spend his time fishing and working around the house. Expressing his thanks for his new fishing pole, Mario said, "I love everybody! Thank you everybody!"

Isabel Torres, who worked in building services for 7 years, retired from the Deaconess on September 30. She plans to move to California and live with her sons. At her retirement party, Isabel said working at NEDH was "*perfectamente*!"

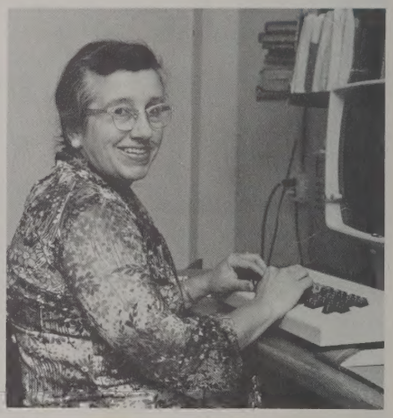
Retiree Mario Leyva "tries out" his gift — a new fishing rod and reel — while his wife Marcelina looks on.

Recent graduates of the NEDH Clinical Pastoral Education Program: (left to right, front row) Helen Siggers, (office coordinator), Marceline Donaldson, Jeannine Maher, Anne Fowler, Veronica Gonthier, Carol Noren, Karen Wood, Jennifer Phillips, Laura Biddle, Linda Blessing, Deborah Scheffey, Marianne Hatchen, (second row) Krikor Zamroutian, John Sorensen, Charles Kessler, Phillip Carr-Jones, Jeffrey Phillips, Don Colenback, F. W. Schuster (NEDH pastoral care department). The students, who are seminarians or recent seminary graduates, spend 11 weeks gaining experience in counseling patients and family members, helping them cope with the stresses of hospitalization.

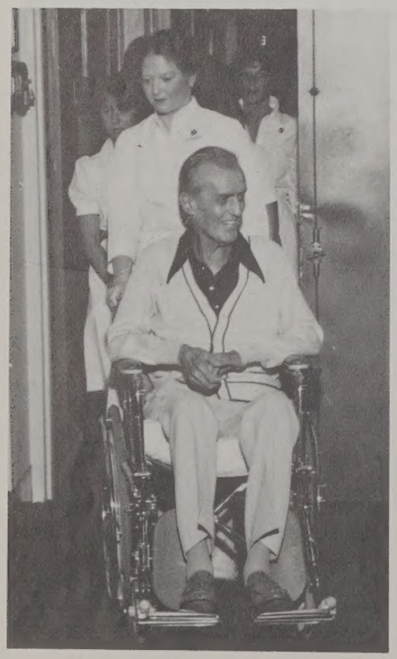
Janie Chapman, RN, receives her retirement gift from Director Richard E. Lee and Ellen Howland, RN, associate director and director of the School of Nursing.

Isabel Torres (left) shows her retirement gift to Barbara Stank, assistant building services manager.

Honored for their service



Service award recipients James Halligan, laundry (35 years), and Ruth Dziadul, research administration (25 years), were among 122 Deaconess employees honored for their service during a coffee hour in Harris Hall Living Room on August 19. President Laurens MacLure and Director Richard E. Lee presented service award pins to all recipients.



First liver transplants performed at the Deaconess (see page 1)

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